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RURAL DISTRICT OF WADEBRIDGE

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE

Year Ending 31st December, 1955

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PUBLIC HEALTH STAFF:

Medical Officer of Health:

J. REED, M.B., Ch.B., B.Sc., D.P.H.

Surveyor and Sanitary Inspector:

A. E. BEWES, F.R.I.C.S., etc.

Additional Sanitary Inspector:

W. KERLEY, A.R.S.H., M.S.I.A.

Mr. Chairman, Ladies and Gentlemen,

I wish to present the Annual Report of the Medical Officer of Health for 1955.

The vital statistics show no significant changes, the birth rate being slightly raised and the death rate lowered. The following table of birth and death rates show how they are affected as much by the fluctuations of the Registrar General's estimate of Populations as by the changes in the number of births and deaths recorded.

<i>Year</i>	<i>Population</i>	<i>Number of Births</i>	<i>Birth Rate</i>	<i>Number of Deaths</i>	<i>Death Rate</i>
1949	15,940	243	15.3	184	11.25
1950	16,060	219	13.6	188	11.4
1951	16,010	203	12.6	195	12.1
1952	16,350	238	13.9	188	11.4
1953	16,410	225	13.7	211	11.4
1954	16,350	250	15.3	202	12.3
1955	15,860	240	15.8	184	11.6

The notable change in infectious diseases was the small number of whooping cough notifications. Four only were notified. The combined prophylactic for whooping cough and diphtheria has been in general use since November 1953, and it would be natural to attribute the reduction of cases of whooping cough to this procedure. The low ratio of immunised to non-immunised children prevents me from making such an observation with confidence. It would be reasonable to suppose that the vaccine may have contributed to this fortunate state of affairs.

On the subject of immunisation in general there is undoubtedly much confusion in the minds of parents regarding the various procedures now recommended. The number of diseases included in immunisation programmes has increased greatly in the past few years. The present list contains vaccination against smallpox at three months, against diphtheria, whooping cough and tetanus at four to six months, with repeated doses of diphtheria and tetanus at four and nine years of age, against tuberculosis at 14 years and finally against poliomyelitis at ages specified by the Minister of Health. It is unlikely that the immediate future will see any increase in the number of prophylactics to be used and it may well be that some simplification

or review of present procedures is advisable. The arguments for maintaining small pox vaccination in infancy on its present scale are far from convincing and I think that this might well be replaced by B.C.G. vaccination in infancy. The ill-effects of primary tuberculosis in childhood appear far too frequently to be ignored.

The enthusiasm with which the poliomyelitis vaccination has been launched by the Ministry of Health is in marked contrast to its attitude towards fluoridation of public water supplies. The explanation may merely be in the Ministry's reading of public opinion, for in the former there seems to have been an urgent public demand, with little experience and in the latter a great deal of information and experience, but with possible public antagonism. That fluoridation is of great value in the reduction of dental decay is beyond question, and perhaps the smallest argument for its early installation in fluoride deficient areas is the hundred million pounds spent on artificial teeth through the National Health Service in the first five years of its operation.

The De Lank water supply has lived up to expectations and 1955 saw the unusual spectacle of the district west of the Camel being well supplied with water, whilst that to the east was severely affected by the exceptionally dry summer. The drought arrived most conveniently to emphasise the potential value of the new supply and forced the issue on the combination of the two neighbouring water undertakers from a practical viewpoint. It is rather a pity that other links cannot be made so readily. Whether these connections should be made administratively or not is hardly the province of a Medical Officer of Health.

Sewerage systems or the lack of, remained unchanged and little progress was possible in Slum Clearance. Financial stringency will determine when these major problems will be tackled, and there seems little indication that this will be soon.

May I thank the Council for their co-operation and for the help and advice of its officials, and remain,

Your obedient servant,

JOHN REED,

Medical Officer of Health

I. STATISTICS

General Statistics

Area in Acres	....	....	....	....	....	88,064
Estimated Mid-Year Population	....	....	....	....	....	15,860
Number of Inhabited Houses	....	....	....	....	....	4,948
Rateable Value	....	....	....	....	....	£82,876
Product of Penny Rate	....	....	....	....	....	£337.5.0
Comparability Factors :—						
(a) Births	....	....	....	....	....	1.08
(b) Deaths	....	....	....	....	....	0.90

Vital Statistics

Live Births

Live Births Registered in 1955

				<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	....	....	....	107	124	231
Illegitimate	....	....	....	9	—	9
				<hr/>	<hr/>	<hr/>
Total	....	....	....	116	124	240
Birth Rate per 1,000 population	....	....	....	....	....	15.8
Birth Rate per 1,000 population England and Wales	....	....	....	....	....	15
Comparable Birth Rate	....	....	....	....	....	17.06

Still Births

Three still-births were registered, all female.

Infant Deaths

Five male children died within the first year of life and all were within the neo-natal period. The causes were prematurity in three and obstetric difficulties in two.

Deaths

Number of Registered Deaths, 1955

				<i>Male</i>	<i>Female</i>	<i>Total</i>
				98	86	184
Crude Death Rate per 1,000 population	....	....	....	....	....	11.6
Death Rate per 1,000 population England and Wales	....	....	....	....	....	11.7
Comparable Death Rate	....	....	....	....	....	10.34

Distribution of Deaths by Diseases, 1955

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Heart Disease	38	27	65
Diseases of Intracranial Vessels	12	12	24
Other Circulatory Diseases	1	5	6
Respiratory Diseases (Excluding Tuberculosis)	5	6	11
Diseases of Urinary System	2	3	5
Suicide, Accident, Violence	3	4	7
Cancer	18	10	28
Respiratory Tuberculosis	—	—	—
All other Causes	19	19	38
	98	86	184

Distribution of Deaths by Ages

	<i>Male</i>	<i>Female</i>	<i>Total</i>
0—I month	5	—	5
1 month—I year	—	—	—
1 year—20 years	—	2	2
21—40	3	4	7
41—60	9	12	21
61—70	28	9	37
71—80	36	33	69
81—90	14	20	34
90 plus	3	6	9
	98	86	184

II. GENERAL PROVISION OF HEALTH SERVICES

1. Hospital Services

Hospital provision remained the same during 1955. The East Cornwall Hospital is still deficient in suitable waiting accommodation, and is hampered by a grossly overcrowded physiotherapy department. A very worthy effort is now being made by voluntary organisations to provide the necessary funds for a new physiotherapy department in view of the Regional Boards inability to do so.

2. Laboratory Facilities

Laboratories at the Royal Cornwall Infirmary, Truro, and Public Health Services Laboratory, Exeter, were used for the examination of samples submitted for Public Health purposes.

3. County Council Services.

(a) Ambulance and Hospital Car Services

The arrangements made by the County Council for the transport of sick persons to hospitals and clinics was unchanged. The service

proved to be adequate. During the year 1,736 patients were conveyed 49,941 miles by ambulance, 6,598 by utilicon covering 77,424 miles, and 1,356 patients were carried 23,971 miles by the Hospital Car Service.

(b) Maternity and Child Welfare

Infant Welfare Centre. The Wadebridge Centre continued throughout the year, with an average attendance of 15 per session.

Mothercraft classes were held fortnightly for expectant and nursing mothers.

(c) Prevention of Illness, Care and After-Care

Cases of tuberculosis continued under the supervision of a full-time Health Visitor. No grants were made under the County Council's arrangements for providing additional nourishment for tubercular persons.

(d) Nursing, Midwifery and Health Visiting Services.

The arrangements were somewhat strained during 1955 owing to prolonged absence of several nurses on Health Visiting Courses and for shorter periods of Refresher Courses. However, the service continued without mishap. Seven nurses now hold Health Visitor qualifications.

(e) Home Help Services

Domestic help was provided on a relatively small scale throughout the Rural District. The difficulties of supply still operate, though the comparatively high charge for the services of a home help must limit the demand considerably. The Home Aid Scheme has been introduced whereby persons in receipt of National Assistance, and requiring less than 8 hours domestic help per week, are assisted through the W.V.S.

(f) Immunisation Services

The prophylactic generally used was the combined one for Diphtheria and Whooping Cough. A triple vaccine has now been introduced including tetanus toxoid. This prophylactic is the one used at present unless an alternative is expressly desired. The immunisation rate shows no improvement. Less than half of the children born in 1954 had been immunised by the end of 1955. The small percentage of immunised children could be greatly increased, I think, if District Nurses were permitted to give the injections with the family doctor's consent. Many parents appear to be indifferent to immunisation rather than antagonistic, and are not prepared to make the effort of attending clinic or surgery.

Vaccination against smallpox continued on a very small scale.

School Health Services

Minor improvements were made in the sanitary accommodation of one of the Rural Schools and canteen facilities were also provided. The physical state of pupils examined during 1955 was generally satisfactory. The proportion of significant physical defects in Entrants appears to be declining. The examination of the visual acuity of Entrants, although time-consuming has proved to be worthwhile. School meals and milk supplies were satisfactory. Vaccination with B.C.G. and Mass-radiography of children in their 14th year continued, with a good response.

III. SANITARY CIRCUMSTANCES

Water Supplies

Wadebridge De Lank Supply. Samples submitted at regular intervals proved to be satisfactory bacteriologically. The treatment works functioned without difficulty or mishaps. Extensions to the distribution system were continued throughout the year, and the terminal reservoir was brought into service.

Wadebridge Parish Supply. The supply continued to serve the Wadebridge Parishes without restriction during the year. There were no changes made in the system and De Lank water is still not permanently available to the town.

North Cornwall Joint Water Board. The portion of the Rural District receiving a water supply from this source suffered severely from the dry period. Parts of the area were without a water supply for considerable periods of time. The confusion, poor improvisation and lack of cohesion in making temporary arrangements indicate that the Board were not prepared for such an emergency. It is obviously advisable for all water authorities to have ready made plans for dealing with such problems before they arise, and to review them periodically even though the supply position may appear to be more than adequate.

Other Supplies. With the extension of the De Lank Mains many of the older private and public supplies are being discontinued.

Sewerage and Sewage Disposal. No new sewerage schemes were undertaken. The proposed works at Lanivet and Blisland have not yet been approved, and those for St. Merryn have been subjected to further float tests for a possible sea outfall.

Refuse Collection. The central dump at Bradfords Quay was used throughout the year. Although not controlled to a desirable degree, the tip gave rise to little complaint. The service, like most of those supplied by the Council is well able to cope with the demands

made upon it during normal periods. The vast increase in refuse created by holiday making stretches the service to its limit.

Camping Sites. No new sites were licensed in 1955. Those at present licensed were extensively used, as were unlicensed ones. The number of caravans visiting the coastal parishes is increasing rapidly, and there are insufficient sites provided with adequate water and sanitary facilities to accommodate them. It would perhaps be unwise to insist on their collection in large groups, until the necessary facilities are available. The Council might well take the lead in this direction by providing a Municipal Site of a high standard.

Sanitary Inspection

Summary of Visits

Meat Inspection	....	....	....	....	691
Nuisances	....	....	....	....	63
Food and Drugs	....	....	....	....	44
Drainage	....	....	....	....	75
Ice-Cream	....	....	....	....	7
Milk and Dairies	....	....	....	....	19
Disinfection	....	....	....	....	3
Factories	....	....	....	....	22
Housing	....	....	....	....	61
Water Samples	....	....	....	....	14
Water Supplies	....	....	....	....	67
Camping Sites	....	....	....	....	14
Foreshores	....	....	....	....	4
Infectious Disease	....	....	....	....	3
General	....	....	....	....	76
					<hr/>
					1,163

The Sanitary Inspector's Summary shows the number of visits to be more than doubled in 1955, due almost entirely to visits to the scattered slaughterhouses.

IV. HOUSING

Eighteen houses were completed by the Council and fifty by private enterprise. The Council's decision to discontinue building, though quite understandable, is unfortunate. Housing needs have not diminished, whilst slum clearance and the provision of homes for old people make the problem more acute.

Seven houses were reported to the Council as being unfit for human habitation. Four were dealt with by Section 11, Housing Act, 1936, and three under the 1953 Act. Eight informal and one Statutory notices were served and complied with.

V. FACTORIES AND WORKSHOPS

Twenty-two visits were made to factories. Informal notices were served for the repair of sanitary accommodation in two instances. Satisfactory results were obtained.

VI. FOOD AND DRUGS

Ice Cream

Three new registrations were made for the sale of ice-cream. No samples were submitted to the laboratory.

Slaughter of Animals

Further improvements were carried out at the Wadebridge Abbatoir. Some of these improvements were necessary to comply with the regulations for the Prevention of Cruelty to Animals which came into operation during the year.

Carcases Inspected and Condemned

Cattle excluding

		<i>Cows</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep</i>	<i>Pigs</i>
Number Killed ....	....	1,850	180	138	4,822	5,111
Number Inspected ....	....	1,850	180	138	4,822	5,111

All Diseases Except Tuberculosis

Whole Carcases Condemned	5	5	5	36	17
Part Carcases	245	20	10	176	59
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	13.5%	14%	11%	4.2%	1.3%

Tuberculosis Only

Whole Carcases Condemned	1	—	—	—	5
Part Carcases	35	6	0	0	56
Percentage of the number inspected affected with tuberculosis	1.9%	3.3%	0	0	1.2%

Cysticercosis

Carcases of which some part organ was condemned	—	—	—	—	—
Carcases submitted to treatment by refrigeration	—	—	—	—	—
Generalised and totally condemned	—	—	—	—	—

Sampling

The County Councils inspectors submitted 46 retail milk and 27 other samples to the Public Analyst and 39 wholesale milk samples. A sample of milk purchased from a retailer at St. Merryn was found to be 16.6% deficient in fat as compared with the production sample which was genuine. The retailer was prosecuted and convicted.

VII. PREVALENCE AND CONTROL OF INFECTIOUS DISEASES

Notified Infectious Diseases, 1955

Measles	....	....	....	....	24
Pneumonia	....	....	....	....	9
Food Poisoning	....	....	....	....	6
Pulmonary Tuberculosis	....	....	....	....	5
Non-Pulmonary Tuberculosis	....	....	....	....	1
Whooping Cough	....	....	....	....	4
Scarlet Fever	....	....	....	....	5
Puerperal Pyrexia	....	....	....	....	2
Acute Poliomyelitis					
Paralytic	.....	....	....	....	1
Non-Paralytic	....	....	....	....	2
Acute Encephalitis	....	....	....	....	1
					60

The number of cases of whooping cough notified declined still further, four only having been received. One case of paralytic poliomyelitis was recorded, as frequently happens, in a visitor. The non-paralytic cases were not confirmed. Four of the cases of food poisoning were identified as being due to Staphylococcal poisoning, the result of infected pre-cooked meat.

Tuberculosis

	<i>Pulmonary</i>		<i>Non-Pulmonary</i>		
	<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Notified Cases at 1/1/55....	26	16	3	12	57
New Notifications, 1955	3	2	—	1	6
Transfers to Rural District	6	4	—	—	10
Total Entries	35	22	3	13	73
Discharges and Transfers					
Out	9	3	1	5	18
Deaths	—	—	—	—	—
Total Remaining	26	19	2	8	55

Five new cases of pulmonary tuberculosis were notified, and ten cases transferred to the Rural District. Cases were visited regularly and where necessary contacts were invited to the Chest Clinic and offered B.C.G. Vaccination. Mass Radiography was offered to children in their 14th year with a good acceptance rate. Abnormal findings were negligible. Tuberculin negative children were vaccinated.

APPENDIX I.

North Cornwall Joint Water Board Supply
Result of Samples, 1955

				<i>Number of Coliform Bacilli per 100 ml.</i>	<i>Number of Faecal Coli per 100 ml.</i>
6/1/55	....	....	....	0	0
6/1/55	....	....	....	8	3
21/1/55	....	....	....	0	0
21/1/55	....	....	....	0	0
11/2/55	....	....	....	0	0
11/2/55	....	....	....	0	0
17/2/55	....	....	....	3	1
17/2/55	....	....	....	0	0
11/3/55	....	....	....	0	0
11/3/55	....	....	....	0	0
24/3/55	....	....	....	0	0
24/3/55	....	....	....	0	0
7/4/55	....	....	....	25	13
7/4/55	....	....	....	0	0
21/4/55	....	....	....	0	0
21/4/55	....	....	....	0	0
5/5/55	....	....	....	0	0
5/5/55	....	....	....	0	0
19/5/55	....	....	....	0	0
19/5/55	....	....	....	0	0
26/5/55	....	....	....	0	0
26/5/55	....	....	....	0	0
23/6/55	....	....	....	0	0
23/6/55	....	....	....	0	0
4/7/55	....	....	....	0	0
7/7/55	....	....	....	0	0
25/8/55	....	....	....	0	0
25/8/55	....	....	....	0	0
15/9/55	....	....	....	0	0
15/9/55	....	....	....	0	0
5/11/55	....	....	....	0	0
5/11/55	....	....	....	0	0
10/11/55	....	....	....	0	0
10/11/55	....	....	....	0	0
26/11/55	....	....	....	0	0
26/11/55	....	....	....	0	0
19/12/55	....	....	....	0	0
22/12/55	....	....	....	0	0

De Lank Water Supply. Result of Samples, 1955

14/1/55	....	....	....	0	0
14/1/55	....	....	....	0	0
21/2/55	....	....	....	0	0
4/3/55	....	....	....	0	0
9/4/55	....	....	....	0	0
14/5/55	....	....	....	0	0
27/5/55	....	....	....	0	0
11/6/55	....	....	....	0	0
24/6/55	....	....	....	0	0
9/7/55	....	....	....	0	0
6/8/55	....	....	....	0	0
15/10/55	....	....	....	0	0
22/10/55	....	....	....	0	0
29/10/55	....	....	....	0	0

